Urban District of Moss Side.

REPORT

ON THE

Health of the Moss Side District,

1903,

BY

S. HOLGATE OWEN, M.D., M.R.C.P., Lond.,

MEDICAL OFFICER OF HEALTH.

M. Carr & Co., Printers, 38, Alexandra Road, Moss Side, Manchester.

Area of District in Acres and Population (Census of 1901).

	Area.	Population.
Whalley Range Ward	131	5778
Claremont Ward	57	6293
North Ward	58	5857
East Ward	175	8749
	421	26,677

Estimated Population, 1903	27,316
General Death-rate per One thousand ...	14·1
Infant Death-rate per One thousand Births	124·5
Birth-rate per One thousand	20·5

Vital Statistics.

The estimated population of the district up to the middle of June, 1903, was 27,316.

The number of deaths registered as having occurred within the district during the past year amounted to 343; but to this must be added the deaths, occurring in public institutions outside the district, of persons belonging to Moss Side. The latter amounted to 44, and were distributed as follows: Withington Workhouse, 21; Baguley Sanatorium, 6; Manchester Royal Infirmary, 11; Cancer Hospital, 2; Southern Hospital, 2; Little Sisters of the Poor, 2; divided amongst the various wards of the district to which these 44 persons belonged respectively, the numbers were as follows: Claremont, 9; East, 23; North, 9; Whalley Range, 3.

Thus the total number of deaths for the whole year was 387: 191 males, and 196 females, the general death-rate for the year being 14·1 per 1,000.

The following table shows the number of deaths as they occurred in the several wards during each of the years 1901, 1902, and 1903:—

Wards	Number of Deaths		
	1901	1902	1903
Claremont.........	91	82	95
East	120	118	142
North	72	83	86
Whalley Range..	81	61	64
Total.....	364	344	387

The number of registered births during the year was 562: 278 males, and 284 females, which was equivalent to an annual birth-rate of 20·5. This is the largest number of births that have occurred in any year since 1891.

INFANT MORTALITY.

The number of deaths among children under one year was 70. This gives an infant mortality-rate of 124·5 per 1,000 births. In Table I. (Appendix) it will be seen that this is the lowest infant death-rate that has occurred in the district for the past 11 years, excepting 1902, in which year it was very slightly lower (124·2.)

The following table sbows the number of births, deaths among children under one year, and the infant death-rate as they occured in each of the Wards :—

Wards.	Births	Deaths under one year	Infant Death-rate
Claremont	120	17	141·66
East	278	32	115·1
North	99	15	151·5
Whalley Range	65	6	92·3
Total	562	70	

VITAL STATISTICS for ENGLAND and WALES, 1903, are quoted below from *The British Medical Journal* (Jan. 1904), and may be compared with similar statistics referring to this district :—

	Annual Rates per 1000 living.			Annual Death-rate of Infants under one year, per 1000 births.
	Births	Deaths from all causes.	Zymotic Death-rate	
England and Wales	28·4	15·4	1·46	132
Rural England and Wales ..	27·3	14·8	1·08	118
76 Great Towns	29·7	16·3	1·89	144
103 Smaller Towns............	27·4	14·6	1·41	135
Moss Side Urban District ...	20·5	14·1	1·39	124·5

In Table A following will be found the number of deaths occurring at different age-periods dnring the past eight years, also the proportion per cent. of these deaths to total mortality.

TABLE A.

MORTALITY AT DIFFERENT PERIODS OF LIFE DURING THE PAST EIGHT YEARS.

	1896		1897		1898		1899		1900		1901		1902		1903	
		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.		Per cent.
Under 1 year of age	63 or	20·5	57 or	18·2	72 or	23·6	71 or	20·22	58 or	15·9	73 or	20·	59 or	17·1	70 or	18·
Between 1 and 5 years	20 ,,	6·5	27 ,,	8·6	17 ,,	5·5	26 ,,	7·40	18 ,,	4·9	34 ,,	9·3	30 ,,	8·7	37 ,,	9·5
Between 5 and 15 years......	10 ,,	3·2	11 ,,	3·5	8 ,,	2·6	9 ,,	2·56	10 ,,	2·7	13 ,,	3·5	11 ,,	3·1	19 ,,	4·9
Between 15 and 25 years ...	19 ,,	6·2	13 ,,	4·1	14 ,,	4·6	24 ,,	6·8	9 ,,	2·4	20 ,,	5·4	12 ,,	4·6	18 ,,	4·6
Between 25 and 65 years ...	123 ,,	40·	112 ,,	35·8	117 ,,	38·4	141 ,,	40·1	152 ,,	41·8	117 ,,	32·1	134 ,,	39·9	138 ,,	35·6
Over 65 years of age	72 ,,	23·4	92 ,,	29·4	75 ,,	24·6	80 ,,	22·7	116 ,,	31·9	107 ,,	29·3	94 ,,	27·3	105 ,,	27·1

Table B gives the rates of mortality per 1,000 of the population for some of the more common, including the zymotic, forms of disease, classified according to ages under 5 and over 5 years for each of the past eight years.

TABLE B.

TABLE OF DEATHS, CLASSIFIED ACCORDING TO DISEASES.

	1896				1897				1898				1899				1900				1901				1902				1903			
	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population	Under 5	5 Upwards	Total	Rate of Mortality per 1,000 of population
Scarlet fever	1	0	1	·03	1	3	4	·15	1	0	1	·03	0	0	0	...	1	0	1	·03	2	4	6	·21	2	4	6	·22	4	2	6	·21
Diphtheria	2	0	2	·07	0	1	1	·03	0	1	1	·03	0	0	0	...	0	0	0	...	3	1	4	·14	13	1	4	·14	3	7	10	·36
Enteric fever	0	5	5	·19	0	1	1	·03	1	3	4	·14	0	2	2	07	0	3	3	·10	0	0	0	...	0	0	0	...	0	4	4	·14
Diarrhœa...............	11	1	12	·46	13	3	16	·60	17	3	20	·74	12	2	14	·50	5	5	10	·35	19	1	20	·71	2	0	2	·07	6	1	7	·25
Measles	4	0	4	·15	12	0	12	·45	3	1	4	·14	4	1	5	·18	1	1	2	·07	8	0	8	·28	3	0	3	·11	1	0	1	·03
Whooping cough ...	10	0	10	·38	5	0	5	·18	1	0	1	·03	7	0	7	·25	4	1	5	·17	1	1	2	·07	8	0	8	·29	10	0	10	·36
Influenza...............	0	2	2	·07	0	2	2	·07	0	6	6	·22	2	11	13	·47	1	4	5	·17	0	1	1	·03	0	6	6	·22	0	5	5	·18
Puerperal fever	0	0	0	...	0	0	0	...	0	0	0	...	0	0	0	...	0	0	0	...	0	0	0	...	0	1	1	·03	0	0	0	...
Rheumatic fever......	0	0	0	...	0	0	0	...	1	3	4	·14	0	5	5	·18	0	5	5	·17	0	0	0	...	0	0	0	...	0	0	0	...
Phthisis	0	33	33	1·26	0	20	20	·75	1	24	25	·92	0	28	28	1·01	3	26	29	1·03	2	25	27	·96	0	25	25	·92	3	29	32	1·1
Heart disease.........	0	25	25	·96	0	37	37	1·39	0	30	30	·11	0	22	22	·80	0	47	47	1·67	4	30	34	1·21	3	31	34	1·2	2	42	44	1·6
Bronchitis, pneumonia and pleurisy	9	57	66	2·53	15	23	38	1·43	12	31	43	1·59	10	56	66	2·40	17	53	70	2·5	19	57	76	2·7	18	57	75	2·7	14	46	60	2·1
Injuries	0	7	7	·26	2	1	3	·11	1	4	5	·18	1	2	3	·10	1	3	4	·14	1	5	6	·21	2	3	5	·18	0	2	2	·07
All other diseases..	46	94	140	5·38	36	135	171	6·45	50	110	106	5·9	61	125	186	6·76	43	139	182	6·5	48	132	180	6·4	48	127	175	6·4	64	142	206	7·5
Total	83	224	307	11·8	84	228	312	11·7	88	216	304	11·25	97	254	351	12·7	76	287	363	12·0	107	257	364	12·0	80	255	311	11·7	107	280	387	14·1

Zymotic Death-rate.

Applying this term not to the mortality from all diseases classed as zymotic, but as it is applied generally to the death-rate from the "seven principal zymotic diseases," namely, small-pox, measles, scarlet-fever, diphtheria, whooping-cough, fever (typhus, simple-contained, and enteric), and diarrhœa, the total number of deaths from these causes during the past year was 38, giving a zymotic death-rate of 1·39 per 1000 of the population.

The following Table C gives the mortality from this class of disease in the various Wards of the district. It should be stated that in six instances (two scarlet-fever, and four diphtheria) the patients died in Baguley Sanatorium; these being classified in the Wards to which they belonged :—

TABLE C.

Mortality from Zymotic Disease, classified according to Localities, distinguishing Deaths of Children under five years of age.

Wards	Age at Death	Measles	Scarlet Fever	Whooping Cough	Enteric Fever	Diarrhœa	Diphtheria	Small-pox	Total
Whalley Range.........	Under 5	...	...	1	...	...	1	...	2
	5 upwards	...	...	...	...	...	...	...	...
Claremont	Under 5	...	1	...	...	1	2	...	4
	5 upwards	...	1	...	2	1	1	...	5
East	Under 5	...	1	9	...	5	...	...	15
	5 upwards	...	..	...	1	...	5	...	6
North	Under 5	1	2	...	...	...	...	...	3
	5 upwards	. .	1	...	1	...	1	...	3
Total	Under 5	1	4	10	...	6	3	...	24
	5 upwards	...	2	...	4	1	7	...	14

Of the thirty-eight deaths from zymotic disease, 24, or 63 per cent. were those of children under 5 years of age, the percentage of deaths from all causes during this age-period being 27·6.

Infectious Diseases Notified.

The number of infectious diseases notified in accordance with the Infectious Diseases Notification Act amounted during the year to 203. This represents a considerable increase upon the number (155) of last year, and although comparing favourably with the returns of 1901, it is higher than the average annual return (148) for the past 14 years which comprise the whole period during which the Act has been in force in the District.

The following is a classified list of diseases notified during each month of the years 1898 to 1903.

TABLE D.

DISEASES NOTIFIED	Sm-pox	Scarlet Fever						Diphtheria						Enteric Fever or Typhoid						Erysipelas						Puerperal Fever			Membranous Croup			
Month	1903	1898	1899	1900	1901	1902	1903	1898	1899	1900	1901	1902	1903	1898	1899	1900	1901	1902	1903	1898	1899	1900	1901	1902	1903	1900	1901	1903	1900	1901	1902	1903
January ...	0	14	7	4	13	12	24	2	1	1	1	1	2	3	2	4	0	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0
February...	3	8	4	6	9	3	20	2	0	0	1	2	4	1	1	1	1	0	1	0	3	1	0	1	0	0	0	0	0	0	0	0
March	2	4	1	8	1	3	15	0	0	1	0	1	12	2	1	0	0	3	2	0	0	0	1	1	0	6	0	0	0	0	0	0
April	2	4	4	9	3	5	20	0	0	0	1	0	5	3	0	0	0	0	0	2	0	0	2	1	1	0	0	0	0	0	1	0
May	0	5	3	11	24	6	10	1	0	0	0	2	0	3	0	0	2	0	1	1	0	1	0	1	1	0	0	0	0	0	0	0
June.........	0	1	4	18	24	17	5	1	1	1	0	0	4	1	1	0	0	0	1	0	0	1	2	1	1	0	0	0	0	0	0	0
July........	0	1	1	13	14	11	11	2	2	0	0	1	6	1	0	2	0	0	1	1	2	0	0	2	0	0	0	0	0	0	0	0
August ..	0	4	1	8	13	17	4	0	0	0	2	1	1	3	2	1	5	1	3	1	0	1	1	0	0	1	0	1	0	0	0	0
September..	0	1	2	8	44	16	5	0	0	1	2	0	4	3	4	1	1	2	2	0	0	0	3	0	1	0	0	0	0	0	0	0
October ...	0	12	11	14	28	8	7	1	1	0	1	1	1	4	4	3	2	3	2	1	0	1	1	1	3	0	0	0	1	0	0	0
November..	0	24	4	9	27	4	7	0	0	3	3	4	0	3	0	3	4	0	0	2	1	1	0	0	0	0	0	0	0	0	1	0
December...	0	8	7	18	34	14	3	3	2	2	13	6	4	1	2	2	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0
Total	7	86	49	126	244	116	131	12	7	9	24	19	43	28	17	17	15	10	14	10	7	9	11	8	7	1	0	1	1	0	2	

Of the above cases 2 were removed to Monsall Fever Hospital, 7 to the Newall Green Small-pox Hospital, and 101 to the Baguley Sanatorium, making a total of 110 patients removed for hospital isolation.

In the following table (E) these removals are classified, according to diseases, for each month of the years, 1898 to 1903.

TABLE E.

TABLE OF INFECTIOUS CASES REMOVED TO HOSPITAL, CLASSIFIED ACCORDING TO DISEASES, FOR EACH MONTH OF THE YEAR.

Year	Removed	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total removed
1898	Scarlet Fever	7	3	...	2	3	...	...	2	...	3	5	3	28
	Diphtheria	...	...	...	...	...	...	...	1	...	...	...	...	1
	Enteric Fever	1	...	1	1	2	...	...	...	3	1	1	...	10
	Erysipelas	...	...	...	...	...	...	...	1	...	...	...	...	1
	Total	8	3	1	3	5	...	...	4	3	4	6	3	40
1899	Scarlet Fever	3	1	...	3	...	2	...	...	2	4	2	3	20
	Diphtheria	...	...	...	...	...	...	2	...	...	...	...	2	4
	Enteric Fever	2	...	1	...	...	...	...	...	2	1	...	...	6
	Erysipelas	1	...	...	...	...	...	...	...	...	...	...	...	1
	Total	6	1	1	3	...	2	2	...	4	5	2	5	31
1900	Scarlet Fever	2	2	...	3	10	4	6	5	5	9	3	9	58
	Diphtheria	...	...	...	...	...	1	...	...	1	...	...	...	2
	Enteric Fever	..	...	...	...	...	...	...	1	1	1	...	2	5
	Erysipelas	...	...	...	...	...	...	...	...	...	...	...	1	1
	Total	2	2	0	3	10	5	6	6	7	10	3	12	66
1901	Scarlet Fever	8	3	...	2	16	16	10	7	27	25	18	24	156
	Diphtheria	...	1	...	...	...	...	...	...	...	1	1	5	8
	Enteric Fever	...	...	...	...	...	...	...	...	1	...	2	...	3
	Erysipelas	...	...	...	...	...	...	...	...	1	...	...	...	1
	Total	8	4	0	2	16	16	10	7	29	26	21	29	168
1902	Scarlet Fever	10	2	3	3	3	10	6	7	7	6	1	8	66
	Diphtheria	...	1	1	...	...	...	1	1	.	...	2	3	9
	Enteric Fever	1	...	...	...	...	...	...	1	1	1	...	...	4
	Total	11	3	4	3	3	10	7	9	8	7	3	11	79
1903	Small-pox	...	3	2	2	...	..	...	...	...	...	...	...	7
	Scarlet Fever	16	9	10	11	3	3	11	4	4	6	3	...	80
	Diphtheria	2	2	3	1	...	3	6	...	...	...	...	1	18
	Enteric Fever	...	...	...	1	...	...	...	1	1	2	...	...	5
	Total	18	14	15	15	3	6	17	5	5	8	3	1	110

Since the adoption of the Act by the Local Board in 1890, the notified cases of infectious diseases have occurred in the following numbers, arranged according to month and year :—

TABLE F.

YEAR	1890	1891	1892	1893	1894	1895	1896	1897	1898	1899	1900	1901	1902	1903
Month of January...	0	12	4	6	12	17	13	5	20	11	10	15	14	27
,, February	18	6	8	12	13	6	13	4	11	8	8	11	6	28
,, March ...	19	12	9	10	13	8	10	10	6	2	9	2	8	31
,, April......	6	11	4	10	16	3	6	5	9	4	9	6	7	28
,, May	10	3	4	14	13	6	6	1	10	3	12	26	9	12
,, June......	10	5	5	13	19	10	11	7	3	6	20	26	18	11
,, July	13	4	8	9	13	11	24	4	5	5	15	14	14	18
,, August ...	8	7	9	6	12	4	17	6	8	3	11	21	19	9
,, Septemb'r	15	7	8	12	9	11	5	9	4	6	10	50	18	12
,, October ..	22	18	7	12	19	14	13	30	18	16	19	42	13	13
,, November	8	23	15	20	10	22	3	20	29	5	16	34	9	7
,, December	10	14	15	9	20	19	16	8	13	11	24	47	20	7
Total.........	139	122	96	142	169	131	137	109	136	80	163	294	155	203

In the following tables (G and H) the incidence of infectious diseases notifiable in the district, and the removals to hospital, are further analysed in reference to each of the Wards, and for each month of the year 1903:—

TABLE G.

TABLE OF NOTIFIED INFECTIOUS CASES CLASSIFIED ACCORDING TO DISEASES, LOCALITIES, AND PERIODS OF THE YEAR 1903.

WARDS	Notified Diseases	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
NORTH WARD	Scarlet Fever..	5	4	2	10	1	1	3	1	...	1	3	1	32
	Diphtheria ..	...	...	2	...	...	...	1	1	...	...	...	1	5
	Enteric Fever.	1	...	...	...	...	...	...	...	...	1	...	...	2
	Erysipelas... ..	...	...	..	...	...	...	...	...	...	...	...	...	...
EAST WARD	Small-pox......	...	1	2	1	...	...	...	...	...	...	...	...	4
	Scarlet Fever..	15	8	8	6	7	4	7	2	3	4	1	...	65
	Diphtheria ...	1	4	5	4	...	2	4	...	2	1	...	2	25
	Enteric Fever..	...	...	2	...	1	...	...	...	...	...	...	...	3
	Erysipelas......	...	...	...	...	1	...	...	...	...	2	...	...	3
CLAREMONT WARD	Small-pox......	...	2	...	1	...	...	...	...	...	...	...	...	3
	Scarlet Fever.	2	7	4	3	...	...	1	1	2	1	1	1	23
	Diphtheria ...	1	...	4	1	...	1	1	...	2	...	...	1	11
	Enteric Fever..	...	1	...	...	...	1	1	1	2	...	...	...	6
	Erysipelas......	...	...	...	1	...	...	...	...	...	...	...	...	1
	Puerperal Fever	...	...	...	...	...	...	...	1	...	...	...	...	1
WHALLEY RANGE WARD	Scarlet Fever..	2	1	1	1	2	...	...	...	...	1	2	1	11
	Diphtheria ...	...	...	1	...	...	1	...	...	...	...	...	...	2
	Enteric Fever..	...	...	..	...	...	...	...	2	...	1	...	...	3
	Erysipelas......	...	...	..	...	...	1	...	.	1	1	...	...	3
	Total......	27	28	31	28	12	11	18	9	12	13	7	7	203

TABLE H.

TABLE OF NOTIFIED INFECTIOUS CASES WHICH HAVE BEEN REMOVED TO HOSPITAL, CLASSIFIED ACCORDING TO DISEASES, LOCALITIES, AND PERIODS OF THE YEAR 1903.

WARDS	Notified Diseases	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
NORTH WARD	Scarlet Fever..	5	2	1	5	1	1	3	1	...	1	2	...	22
	Diphtheria ...	...	...	...	...	...	...	1	...	...	...	...	...	1
	Enteric Fever..	...	...	...	...	...	...	...	...	...	1	...	...	1
EAST WARD	Small-pox	...	1	2	1	...	...	...	...	...	...	...	...	4
	Scarlet Fever..	7	6	6	4	2	2	7	2	1	4	1	...	42
	Diphtheria ...	1	2	2	1	...	2	4	...	...	...	...	1	13
	Enteric Fever..	...	...	...	1	...	...	...	...	...	...	...	...	1
CLAREMONT WARD	Small.pox	...	2	...	1	...	...	...	...	...	...	...	..	3
	Scarlet Fever..	2	1	2	2	...	...	1	1	3	1	...	...	13
	Diphtheria ...	1	...	...	...	...	1	1	...	...	...	...	...	3
	Enteric Fever..	...	...	...		...	...	...	...	1	...	...	...	1
WHALLEY RANGE WARD	Scarlet Fever..	2	...	2	...	...	...	...	..	...	...	...	...	4
	Diphtheria ...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Enteric Fever.	...	...	...	...	...	...	...	1	...	1	.	...	2
	Total......	18	14	15	15	3	6	17	5	5	8	3	1	110

General Sanitary Condition of the District, and action taken for its Improvement.

A review of the preceding tables will show that the annual rates, as regards the deaths from all causes and from zymotic disease, for the past year, are slightly higher than they were in 1902. The infant death-rate is about the same, but still considerably lower than the record for any of the ten years preceding 1902, whilst the birth-rate exceeds the annual record since 1892. Twenty-six or 4·9 per cent. of the children born were illegitimate.

The increase in the number of deaths from all causes consists chiefly of such deaths as are unclassified, or not attributed to any well-defined cause, such terms as marasmus in the case of young children, and senility in that of persons over 70, accounting for a large proportion of these.

The zymotic death-rate, it should be remembered, is of uncertain value as an index of the sanitary state of a district, except as regards enteric fever, diphtheria, or epidemic diarrhœa, the prevalence of which may generally be taken to indicate defective sanitary conditions. The increase in this rate during the past year, compared with 1902, was due entirely to the greater amount (15) of deaths from these diseases, the deaths from measles, scarlet fever, and whooping-cough, collectively, being the same (17).

The infant death-rate is of especial value and importance. It is calculated, not upon an estimate of the population, but upon the relation of the number of deaths of infants under one year to the number of births, or upon data which are precise and free from many of the errors which are involved in estimates. This death-rate is usually influenced to a large extent by the prevalence of certain zymotic diseases, especially epidemic diarrhœa, epidemics of measles, or of whooping-cough, and, it may be added with certainty, by the want of proper care and management on the part of mothers.

It should be noted that whilst the number of births in the district during the past year has considerably increased, the number of deaths of children under one year, compared with similar deaths in 1902, has increased in almost exact proportion.

The mortality from diseases of the respiratory organs (bronchitis, pneumonia, pleurisy) was slightly less than in 1902, the rates from this class of disease being 2·8 in 1902, and 2·1 in 1903, per 1,000 living. These diseases were especially fatal amongst persons over 60 years of age.

The deaths from phthisis amounted to 32; from tubercular disease of other organs (abdominal tubercle, and tubercular meningitis, chiefly) 16; making a total of 48.

They occured in the different Wards as follows:—

Claremont, 9; East, 17; North, 15; Whalley Range, 7.

Voluntary notification of phthisis has been received in two instances, one case occuring in East Ward, and one in North Ward.

In neither of these cases, the reports stated, had the disease attacked other members of the same family previously. Bacteriological examination of sputum was made in both of the notified cases, and the diagnosis confirmed.

Without previous notification, complete disinfection of the premises, bedding, etc., was carried out by the Sanitary Authority in four instances after the death of the patient, and in thirty-two cases of suspected phthisis, the facilities for bacteriological examination afforded by the Council were made use of, the suspicion being confirmed in twelve of the cases.

Infectious Diseases.

The total number of infectious diseases notified during the year 1903 was 203, the proportion per cent. of the cases of each disease notified being as follows: scarlet fever, 64·5; diphtheria, 21·2; enteric fever, 6·9; erysipelas, 3·4; puerperal fever, 0·5.

The cases notified were distributed throughout the district as follows:—

East Ward, 100; Claremont Ward, 45; North Ward, 39; Whalley Ward, 19.

The proportion of notifications in East Ward being so large was probably due in a great measure to the following circumstances:—

(*a*) The population being about two-thirds greater than that of any of the other Wards;

(*b*) The houses being much more numerous, and occupied by large families of children of the school attendance age.

Of the total number of cases notified 110, or 54·2 per cent., were removed to the isolation hospitals, the percentage of removals for each class of disease notified being: scarlet fever, 61; diphtheria, 41·9; enteric fever, 35·7; small-pox, all the cases notified.

Forty-four, or 21·6 per cent. of the cases notified, were those of children attacked with scarlet-fever whilst attending school. Imperfect isolation does not appear to have contributed so largely to the spread of infection as it has in previous years. Of the 37 cases due to this cause, 31 were cases of scarlet-fever, this disease occurring generally in a mild form, and presenting much difficulty of diagnosis in the early stage.

Eleven persons certified to be suffering from infectious disease had been taken ill whilst travelling, and thirty-eight others when absent from the district.

Insanitary conditions where notified cases of infectious disease occurred were found in the following number of instances: in cases of small-pox, 1 house; scarlet-fever, 27; diphtheria, 26; enteric fever, 8; erysipelas, 4; puerperal fever, 1.

The sanitary defects in these houses consisted generally of faulty drainage, or of a bad state of the pavement in cellars and yards, and upon notice being given to the owners, the necessary repairs were carried out. At no period of the year was there any reason to suspect any of the milk supplies of being a source of infection.

A disinfecting station supplied with apparatus for disinfecting with steam or hot air has been established in the district, and during the past year bedding, clothing, carpets, etc., from 207 houses have been successfully stoved. The infected articles are removed for stoving in a metal-lined van, and, after the process is completed, returned in another vehicle which is used exclusively for the conveyance of disinfected articles. In addition to these vehicles, the District Council have provided a new brougham-ambulance for the removal to hospital of patients suffering from infectious diseases other than small-pox, patients suffering from this disease being conveyed to hospital in an ambulance kept exclusively for them.

Another brougham-ambulance has been provided for the conveyance home from the hospital of those patients who are convalescent. There has also been provided an accident brougham-ambulance equipped with suitable first-aid appliances.

SMALL-POX.

During the year 1902, preparations were made by the District Council of Moss Side, conjointly with that of Withington, for the isolation of small-pox patients. A small hospital, capable of extension, was erected at Newall Green, about eight miles distant from Moss Side. In the course of that year the disease had appeared in neighbouring districts, and persons who had been directly or indirectly in contact were frequently reported, especially in the early part of January, 1903. Further precautionary measures were at once adopted by the Sanitary Authority of this district: special facilities for free vaccination and re-vaccination were arranged, and posters urging the importance and adequacy of vaccination were freely distributed. During the months of February and March the large number of persons availing themselves of these facilities rendered it probable that, in the event of an outbreak of small-pox taking place in Moss Side, the spread of the disease would be very limited. This proved to be the case.

Most valuable assistance was afforded by the medical officers of health of other districts where small-pox had occurred. Whenever it was discovered that persons belonging to, or working in, Moss Side had been in contact with the infected, such contact cases were promptly reported with all the necessary particulars. Without this aid, I have not the slighest doubt, the outbreak of small-pox in this district would have occurred much earlier, and spread more widely. Whenever it was possible, similar information was afforded by the sanitary officers of this district.

The following is a list of cases in which persons belonging to, or working in, Moss Side, were reported from neighbouring districts as having been in direct or indirect contact with small-pox patients elsewhere, or as being found to have small-pox directly after leaving Moss Side :—

Jan. 14th. Girl living in North Ward reported to have been in close contact with small-pox patient. House visited: inmates re-vaccinated. No further infection.

Man reported to have been employed in a shop in Whalley Range Ward, and found to have small-pox when he returned home. Shop visited, and occupants prevailed upon, after much objection, to be re-vaccinated. No further infection.

Feb. 5th. Man reported to have been found suffering from small-pox two days after working in a shop in Moss Side West. All members of the household re-vaccinated. One workman at the same place left before my visit, but was traced to Huddersfield, and there found to be under the observation of the Sanitary Authority. No further infection of persons in Moss Side.

Feb. 7th. Man reported to be suffering from small-pox directly after he had been working in a private house in East Ward. I visited this house within a few hours after receiving the information. The inmates were at once re-vaccinated. No further infection.

Feb. 12th. Man reported to be suffering from small-pox, and to have recently visited a house in Moss Lane East. House visited, and all the inmates re-vaccinated. No further infection.

Feb. 17th. Girl living in East Ward reported to have been in contact with a small-pox patient. House visited, and all susceptible persons re-vaccinated. No further infection.

Feb. 21st. Man living in North Ward reported to have been in contact with small-pox patient. House visited. I found that the man had been re-vaccinated. No further infection.

Feb. 24th. Man who had recently been employed at a house in Moss Side West reported to be suffering from small-pox. House visited, and all the inmates but one re-vaccinated the same day. No further infection.

March 17th. Man reported to be suffering from small-pox after working in Whalley Range Ward. Premises visited and all precautionary measures adopted. No further infection.

March 20th. Woman working in Alexandra Road reported to have been in contact with a small-pox patient. All precautions taken. No further infection.

April 4th. Man, wife, and child, living in East Ward, reported to have been in contact with a small-pox patient. House visited, and inmates re-vaccinated. No further infection.

Besides re-vaccination, measures of disinfection were carried out at all the premises where these "contact" cases were found, and the inmates kept under observation as far as possible. It is satisfactory to note that in no instance did the disease extend in this district from any of the cases mentioned above.

In several instances, at the request of the medical practitioner in attendance, and in consultation with him, I visited patients whose symptoms were thought to be doubtfully those of small-pox.

The following cases of small-pox occurred within the district, and were removed for isolation to the Newall Green Hospital :—

Case I., Feb. 16th. Man in Claremont Ward. Disease contracted most probably outside the district, but impossible to definitely locate its origin. Primary vaccination in infancy.

Case II., Feb. 24th. Boy in East Ward. Primary vaccination doubtful. Contacts reported to neighbouring Sanitary Authority. Source of infection doubtful, but not within this district.

Case III., Feb. 28th. Daughter of case I. Went away from home when father was taken ill, and without the doctor's knowledge. Returned, and was immediately re-vaccinated, but too late to prevent the disease.

Case IV., March 2nd. Workman in East Ward. Had refused to be re-vaccinated. Infection taken within the district. Primary vaccination doubtful. Rash confluent.

Case V., March 16th. Infant child of Case IV. Primary vaccination on the day of father's removal to the hospital. Rash confluent.

Case VI., April 1st. Man in Claremont Ward. Primary vaccination mark faint. Infection taken from fellow workman in neighbouring district.

Case VII., April 26th. Man in East Ward. Primary vaccination. Infection taken from neice living in neighbouring district.

In every one of the above cases the patient recovered. In only one instance was the disease conveyed from one house to another within the district. In that one instance it was transmitted indirectly by infected bedding.

By the consent or invitation of the medical attendant, I visited every one of the small-pox patients, and their removal to hospital was affected without delay or hindrance of any kind, under the personal superintendence of Mr. Ainley, the Chief Inspector. Moreover, all the occupants of houses where infection had occurred most readily adopted such measures as were necessary to prevent the spread of the disease.

SCARLET FEVER.

During the early part of December, 1902, several cases of scarlet fever occurred amongst children attending one of the public schools. Measles at the same time was prevalent, and consequently attacks of scarlet fever were frequently undetected by those parents who had not obtained medical aid during the early stage of the illness. This failure to detect the nature of the disease, which was generally of a mild type, was very noticeable during the first three months of 1903, when it was discovered that children belonging to three separate families had been sent to school without its being suspected they were ill with scarlet fever. During January and February, and within a period of four weeks, 33 cases of this disease were notified, 18 of which were those of children attending one school, principally in the infant department. I visited this school on January 28th, and February 13th, and suggested the adoption of certain measures of disinfection and cleansing which were promptly carried out by the school authorities, and followed by a rapid subsidence of the outbreak. In April, however, 17 cases were notified, and again the school attendance appeared to be directly or indirectly accountable for the appearance of the disease.

As the result of investigations made at that time, I am strongly of opinion that the quarantine of fourteen days, under which school children are placed after the removal of a scarlet fever patient from their home, is not sufficiently long to guarantee their freedom from infection, and render their return to school safe as regards other children. It appears to me advisable that such children, although apparently well, should not be allowed to return to school under a period of one month, at least, dating from the last exposure to infection. This lengthened quarantine, as a precautionary measure, would be valuable for the complete ventilation of the infected house—a means of disinfection which is perhaps more effective than any artificial method at present adopted for the purpose ; moreover, it so frequently happens that a mild attack of scarlet fever is not detected until desquamation occurs, that a lengthening of quarantine would on that account alone be of the greatest advantage in securing adequate protection of the schools against this frequent incidence of the disease.

From April 15th to the end of the year no case of scarlet fever was attributable to infection arising from school attendance. Twenty-five cases were traced to infection outside the district. Four cases occurred in each of two houses; three in each of eight houses; two in each of seven houses; and the remaining eighty-five in separate houses. I take this opportunity of acknowledging the valuable assistance afforded by the teachers of all the schools in the detection of cases of infectious diseases amongst the scholars, and in the adoption of precautionary measures.

DIPHTHERIA.

This disease was unusually prevalent during the past year, the number of notifications (43) being greater than any that has occurred during one year since the adoption of the Notification Act. The average annual number notified during the past 12 years was 20·4.

The attacks were generally of a mild type, and several persons were following their employment at the time when they were found to be affected with the disease.

In two cases of children, the throat affection occurred during their attendance at school. Insanitary conditions existed at nearly two-thirds of the houses where the infection occurred.

Meteorological conditions during the past year were extremely favourable to the spread of the disease, and the vacant land on and about which the children were accustomed to play was constantly observed to be damp or flooded.

In three cases only could the infection be traced to imperfect isolation, and excepting three instances, all the cases occurred in separate houses.

Out of twenty-four cases examined bacteriologically, the diagnosis was confirmed in eight.

ENTERIC FEVER.

The number of cases notified (14) was considerably less than the average annual return for the past twelve years (19·4). Seven, or one half of the total number of cases, appeared to have arisen out of the district. In one instance, the nurse in attendance took the infection, apparently, from the patient. This was the only instance in which two cases of the disease occurred in one house.

Bacteriological examination of serum was resorted to in 23 cases, in three of which a positive result was obtained.

Of other infectious diseases which have occurred within the district during the past year, nothing has appeared that requires special comment or explanation. It may, however, be noted with some degree of satisfaction that puerperal fever has only once been notified during the year 1903; although during that year there was a large increase in the number of persons exposed to the risk of taking that disease. During a period of 13 consecutive years, there have been three cases only of this disease notified.

Inspection of Schools.

On April 2nd, I made a special report of an inspection of the Upper Lloyd Street Board School. A copy of this special report was forwarded to the Local Government Board, and to the County Medical Officer of Health.

On December 8th, I made a communication to the Education Committee of the District Council, calling attention to the altered relation between the Medical Officer of Health of the district on the one hand, and the Educational Authority on the other, through the operation of the recent Education Act. The special requirements of the schools in the way of Medical inspection and supervision were urged, also the necessity generally of a Medical Officer for Schools being appointed, although not at the present juncture in this district.

Further, it was suggested that, in the absence of any special reference to this matter in the Act, it seemed desirable that the Council should formally recognise this alteration in the status of the Medical Officer of Health relatively to the School Authority. The effect of such a formal recognition would be, it was thought, to facilitate an extended and more efficient supervision of the schools, in the interest of public health, and of the Educational Authority of this district.

The result of this communication was that a formal resolution was passed that the Medical Officer be requested to visit and inspect the public schools whenever he thought it advisable to do so.

Soil, New Houses, Drainage, Etc.

The soil of the district varies considerably in different parts. The surface soil is six to eight inches in depth generally, and, beneath this, there is a stratum of clay which varies in thickness, being about ten feet in the east side, whence, towards the west side, it gradually becomes thinner and disappears about Alexandra Road; here the soil becomes gravelly. As a result of this condition, the ground at the east side of the district, where there is yet a considerable area of vacant land, is frequently very damp, and during the past year it has from time to time been covered with pools of water owing to excessive rain. To some extent, superficial drainage has been carried out, and frequent inspections have been made by the sanitary officers, and steps taken to prevent the deposit of organic refuse matter on this vacant land. In rapidly growing districts it is of great importance that these unoccupied portions of land should receive attention, considering the relation which has been found to exist between pollution of the soil and the occurrence of certain zymotic diseases. As is shown by the statistics in this Report, the district has, during the past year, been comparatively free from enteric fever, and epidemic diarrhœa; but diphtheria has been more than usually prevalent, particularly in those parts of the district where the vacant spaces exist. It may be here stated that during this period the sewering, paving, and flagging of new streets have been carried out by the District Council with great expedition; but, in addition to these public works, much may be done, in the direction indicated above, by the owners of vacant plots of land, so as to maintain immunity from zymotic disease.

The drains of all new houses have been carefully tested and intercepted, and where the existing drainage was found to be defective, a modern and improved system has been substituted as far as possible.

The number of new houses certified as satisfactorily complete, during the past year, was 157. These houses, which were built almost exclusively in the East Ward, are chiefly of the cottage-dwelling kind as described in a previous report, and their plan of construction has received careful attention as regards the observance of the bye-laws. The provision of an air-space with a concrete floor at the basement has invariably been secured; but some arrangement, such as a man-hole, should be provided at each house for the occasional inspection of these chambers, so that the condition of the basement as regards cleanliness, moisture, and ventilation, may be carefully attended to.

The Removal and Disposal of House-refuse.

Mr. AINLEY, the Sanitary Inspector, has, for the purpose of this Report, furnished much of the information relating to this subject.

The number of houses in the district at the end of the year amounted approximately to 6,280. The removal and disposal of house-refuse is now carried out most satisfactorily. It has only been found necessary to utilise four of the six cells available in the destructor, and yet, without storage, refuse of every kind is consumed completely within twenty-four hours of its being delivered at the destructor yard.

After repeated inspections made during the past year, I am satisfied that this method of disposal is not only thoroughly efficient and economical, but also free from anv nuisance injurious to health. By its substitution in place of the older method, a very great improvement has been effected in the sanitary condition of the district. About 1,410 houses are provided with fixed or portable galvanized-iron ashbins which are cleared once or even oftener per week.

There are still some 1,680 houses at which the ashpit and privy system is still retained. The change to the water-carriage system, which is voluntary on the part of the owners, is very slow in progress. In 22 cases only has this conversion taken place during the past year. It is now generally acknowledged that the water-carriage system is the best for urban districts like that of Moss Side—certainly on hygienic, and probably in the long run, on economic grounds. Cleanliness, freedom from effluvia, and speedy removal, are insured, provided, of course, that due care be taken as to construction and management; whereas in the ashpit system there is danger from the retention of organic matter near to the dwellings, a danger which becomes greater at the time of emptying. Very often—it may be said that generally—the pit leaks, and thus permits of soakage and pollution of the soil and subsoil water. It is highly probable that this arrangement is one of the factors in the spread of typhoid fever and such diseases as are related to filth. Carelessness in construction and ignorant misuse are difficulties to be met with in every method that may be adopted; but hitherto the Sanitary Authority in this district has not experienced any disadvantage or general irregularity in the use of the water-carriage system.

Dairies, Milkshops, and Cowsheds.

There are three cowsheds and seventy-nine dairies and milk-shops in the district, and they have all received careful attention in reference to cleansing, ventilation, etc. My attention has been particularly directed to sanitary defects in certain of the dairies and milk-shops, and these defects have been remedied as speedily as possible.

Limewashing was carried out after notice in two instances, and printed circulars relating to general sanitary precautions were distributed to all the milk-shops.

Sale of Food and Drugs Act.

During the past year, 31 samples were purchased by the Sanitary Inspector, under the conditions prescribed by this Act. These samples proved to be satisfactory.

Information as to the action taken by the County Police in this district during the year 1903 has been courteously supplied by Mr. Superintendent KEYS.

Number	of samples of	new milk	purchased	and analysed	24
,,	,,	butter	,,	,, ...	11
,,	,,	beef dripping	,,	,, ...	2
,,	,,	white pepper	,,	,, ...	6
,,	,,	Irish whiskey	,,	,, ...	2
,,	,,	Scotch whiskey	,,	,, ...	1
,,	,,	cocoa	,,	,, ...	2
,,	,,	jams	,,	,, ...	3
,,	,,	marmalade	,,	,, ...	1
,,	,,	beer	,,	,, ...	2
,,	,,	sweets	,,	,, ...	2

All the samples were reported to be genuine on analysis, except in one case of white pepper which was said to contain 15$^{\circ}/_{0}$ of bleached pepper husk.

Factory and Workshop Act, 1901.

In accordance with the provisions of Section 132 of this Act, I beg herewith to report specifically on the administration thereof in workshops and workplaces in the district of Moss Side, during the year 1903.

During the year, the number of outworkers and contractors, that is, of persons employed in this district by firms carrying on business elsewhere, was considerable, and as the list of these employees was revised twice during the year, and the workplaces inspected twice, and sometimes oftener, during that period, the duties of administration have been somewhat onerous on the staff of the Health Department.

In some instances, difficulty has been experienced, owing to reluctance on the part of occupiers to furnish particulars required, a reluctance which appeared to be due mainly to ignorance as to the duties imposed upon the sanitary officers by the new Act.

The following is a list of the Factories which were inspected :—

Kind of Work.	Number of workpeople	
	Males.	Females.
(1) Cooperage	4	
(2) Children's clothing	2	100
(3) " "	1	60
(4) Bottle cleaning	2	2
(5) Pickling vegetables and meats ...	3	3
(6) Cabinet-making	28	
(7) Rope making ... ... —	9	
(8) Steam laundry	4	38
(9) Underclothing		14

Notice to limewash was sent in two instances, and this was complied with.

The total number of Factories and Workshops, including workplaces where outworkers or contractors (80) were employed under Sect. 107 (2) of the Act, amounted at the end of the year to 114 on the register. Of these, 36 were registered during the year 1903.

The kind of work carried on, and the number of persons of both sexes employed at each of the workshops were as follows:

Business.	Number of workplaces.	Number of persons employed.
Dressmaking	13	23
Clothing for dolls	1	2
Tailoring	15	22
Corset making	1	1
Underclothing	12	24
Embroidery	1	2
Gown making	5	10
Handkerchief making	4	6
Slippermaking	1	1
Fancy goods making	2	2
Bootmaking	6	9
Upholstering	4	6
Laundries	6	61
Bakehouses and confectionery ...	12	14
Bakehouses (underground)	14	35
Other businesses	8	8
TOTALS	105	226

Sanitary defects were observed, and the necessary notices served in the following instances. The notices were complied with in every case.

7 Workplaces where the flagging required attention.
2 ,, requiring repairs to roofs of privies and ashpits.
2 ,, ,, to have drain trap re-fixed.
2 ,, ,, to have waste-pipes repaired.
7 ,, ,, limewashing.
1 Workplace ,, repair of rain-water pipe.

Each place of business was carefully inspected in reference to cleanliness, ventilation, and the arrangements of sanitary conveniences, etc. Rooms were measured, and cards showing the cubical capacity of each work-place were provided, in order that the specified number of persons occupying such rooms might not be exceeded.

Twenty-six bakehouses were on the register at the end of the year, all of which were inspected at least once by the Sanitary Officers. In two of the twelve not underground, sanitary defects were observed. In each case a notice was sent, and the defect remedied.

UNDERGROUND BAKEHOUSES.

For the purpose of carrying out the provisions of Sect. 101 and sub-sect. (*a*) relating to underground bakehouses, a sub-committee was formed during the year, and active means were at once taken, first to ascertain the general condition of the underground bakehouses, and secondly, to formulate regulations as regards the granting of certificates of suitability under the powers given to the District Council by the Act. The members of the sub-committee personally inspected every underground bakehouse, and were thus enabled to give full and fair consideration to the interests of the occupiers on one hand, and on the other, to the general standard of suitability which should be adopted, as a minimum, in respect of construction, light, ventilation, and all other conditions. At a meeting held on September 21st, it was resolved that the regulations contained in the following circular should be adopted, and that the circular should be printed and distributed to all the occupiers of underground bakehouses :—

URBAN DISTRICT OF MOSS SIDE.

UNDERGROUND BAKEHOUSES.

The attention of all occupiers of underground bakehouses in this district is directed to the Factory and Workshop Act, 1901, Sect. 101, which contains the following provisions :—

1. An underground bakehouse shall not be used as a bakehouse unless it was so used at the passing of this Act.

2. Subject to the foregoing provision, after the first day of January, one thousand nine hundred and four, an underground bakehouse shall not be used unless certified by the district council to be suitable for that purpose.

3. For the purpose of this section an underground bakehouse shall mean a bakehouse, any baking room of which is so situate that the surface of the floor is more than three feet below the surface of the footway of the adjoining street, or of the ground adjoining or nearest to the room. The expression "baking room" means any room used for baking, or for any purpose incidental thereto.

4. An underground bakehouse shall not be certified as suitable unless the district council is satisfied that it is suitable as regards construction, light, ventilation, and in all other respects.

For the purpose of carrying out the provisions of this section of the Act as regards certificates of suitability, the District Council has adopted the following scale of requirements to be complied with before any certificate can be granted for the use of an underground bakehouse :—

A.—CONSTRUCTION.

1. An underground bakehouse shall not be less than 7ft. in height throughout, measured from the floor vertically to the ceiling.

2. A drain or pipe for carrying off fœcal or sewage matter must not have an opening within the bakehouse.

3. No underground bakehouse shall have a cubic capacity, clear of the oven, of less than 1,500ft.

4. The floor shall be constructed of cement concrete.

5. The walls shall be constructed of white glazed bricks or white tiles, with cement joints.

> [*Note.*—Where adjacent ground abuts on a wall or walls, such walls, if required by the Local Authority, shall be lined with the best glazed bricks, uniformly joined with Portland cement, to form internal walls, separated from the existing walls by a cavity, and bonded to them, the intervening space being ventilated to the outer air.]

6 The ceiling shall be even, impermeable to damp and dust, and durable. All angles to be coved.

7. Every underground bakehouse shall be approached by a suitable staircase, adequately lighted and ventilated.

No outside staircase shall terminate within an underground bakehouse.

Any opening into the shop above must be so covered as to prevent the entrance of dust.

B.—LIGHT.

8. The underground bakehouse shall be adequately lighted throughout, to the satisfaction of the Sanitary Authority, and the lighting maintained shall be such that an Official Copy of the Abstract of the Factory Act may be read in all parts of such bakehouse.

C.—VENTILATION.

9. Ventilation shall be so arranged that the circulation of air is confined to the underground bakehouse.

10. Ventilation shall be adequate, that is to say, fresh clean air shall be supplied constantly during working hours, so as to provide not less than 3,000 cubic feet of air per hour for each person employed, with any additional amount

required for the purposes of combustion, in such a manner as to avoid the occurrence of draught, and so that the air is sufficiently renewed in all parts of the underground bakehouse; and, by the aid of mechanical power where in the opinion of the Medical Officer of Health and the Local Authority, such is necessary.

Provision shall be made for the removal of steam from the underground bakehouse.

Where mechanical power is used, the fresh air shall be taken from a height above the level of the adjoining ground of not less than 6ft., and be distributed to different parts of the underground bakehouse in such a manner as to change the air of such bakehouse in all parts. This will generally require the provision of a fan.

11. Arrangements for ventilation shall be such that the temperature of the underground bakehouse from October 1st to May 31st shall not exceed 80°/o Fahr., except within half-an-hour after a batch of bread has been drawn.

D.—ALL OTHER RESPECTS.

12. No flour shall be stored in the underground bake room.

13. There shall be no opening into the underground bakehouse, for any purpose, which will tend unduly to the admission of dust from the adjoining street.

14. Convenience for personal ablution shall be provided in a suitable position, and shall include a water tap, and a sink or lavatory basin of an approved type.

[*Note.*—These conveniences shall be outside the underground bakehouse.]

Free access shall be provided to satisfactory sanitary conveniences suitably situated.

15. All troughs, tables, or other furniture standing on the floor of the underground bakehouse shall be provided with strong suitable castors.

16.—Proper provision shall be made for the depositing of wearing apparel outside the underground bakehouse.

17. An underground bakehouse shall not be in communication with a wash-house, nor with any room, cellar, or area containing objectionable materials.

18. An underground room, not entirely separated from the underground bakehouse, shall be well lighted throughout, shall be sufficiently protected against the entrance of ground air, shall be properly ventilated, and shall be at all times clean.

19. All statutory obligations shall be fulfilled.

20. Before making any alterations with a view to meeting these requirements, the owners or occupiers of underground bakehouses shall submit to the Sanitary Authority a specification (and plans) of the alterations which they purpose making.

BY ORDER OF THE DISTRICT COUNCIL.

DISTRICT COUNCIL OFFICE,
MOSS SIDE,
September 21st, 1903.

The following table shows the height and cubical capacity of each of the underground baking premises within the district :—

Number.	Baking Room.		Other room communicating.
	Height.	Cubic capacity.	Cubic capacity.
1	7ft. 1in.	2,562	83
2	7ft. 3in.	3,397	148
3	7ft. to 7ft. 6in.	7,257	3,214
4	7ft. 2in.	992	1,390
5	7ft. to 7ft. 2in.	762	1,549
6	6ft. 5in.	848	
7	6ft. 3in.	1,887	
8	6ft. 2in.	869	235
9	7ft. 1in.	2,402	
10	6ft. 2in.	1,025	238
11	6ft. 3in.	812	165
12	7ft. to 7ft. 3in.	2,794	1,562
13	6ft. 10in.	3,276	121
14	6ft. 8in. to 8ft. 5in.	2,941	535

Data as regards the temperature and the proportion of carbonic acid in the air within these premises were obtained at different periods of the baking process, and during the period of cessation from work. These data were carefully verified in the case of each of the five bakehouses where the occupier proposed to carry out the alterations necessary to obtain a certificate. Accompanied by the Sanitary Inspector, and sometimes by the Surveyor also, I carefully inspected each of these underground bakehouses at least twice, and in every instance accurate information was obtained as regards—

(*a*) Number of persons employed.
(*b*) Number of gas-jets burning.
(*c*) Temperature.
(*d*) Ventilation—position and size of inlet and outlet.
(*e*) Drainage, and condition of floor, walls, ceiling, sanitary conveniences, water supply, cleanliness.
(*f*) Lighting other than by gas.

At the end of the year, nine of the underground bakehouses were closed, and the owners or occupiers of the remaining five (Nos. 1, 2, 3, 12, 14, in the previous table) proposed making such alterations of their premises as would meet the requirements of the District Council.

Appendix.

Tables forwarded to the Local Government Board and to the County Medical Officer of Health.

TABLE I.

VITAL STATISTICS OF WHOLE DISTRICT DURING 1903 AND PREVIOUS YEARS
Name of District: URBAN DISTRICT OF MOSS SIDE.

Year	Population estimated to Middle of each Year	Births		Total Deaths Registered in the District				Total Deaths in Public Institutions in the District	Deaths of Non-residents registered in Public Institution in the District	Deaths of Residents registered in Public Institutions beyond the District	Nett Deaths at all Ages belonging to the District	
				Under 1 Year of Age		At all Ages						
		Number	Rate*	Number	Rate per 1000 Births Registered	Number	Rate*				Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1893	24,472	472	19·2	79	167·3	322	13·1	...	...	...	...	...
1894	24,756	463	18·7	66	142·5	304	12·2	...	...	...	...	...
1895	25,040	413	16·4	59	142·8	319	12·7	...	...	...	...	...
1896	25,324	416	16·4	63	151·4	307	12·1	...	...	...	...	...
1897	25,608	406	15·8	57	140·3	312	12·1	...	...	...	...	...
1898	25,892	453	17·4	72	158·9	304	11·7	...	...	...	...	...
1899	26,176	452	17·2	71	157	351	13·4	...	...	...	...	...
1900	26,460	404	15·2	58	143·5	363	13·7	...	...	...	...	...
1901	26,744	470	17·5	73	155·3	340	12·7	None	None	24	364	13·6
1902	27,032	475	17·5	59	124·2	304	11·2	None	None	40	344	12·7
Averages for years 1893-1902	25,750·4	442·4	17·1	65·7	148·3	322·6	12·4	None	None	..	...	...
1903	27,316	562	20·5	68	120·9	343	12·5	None	None	44	387	14·1

* Rates in Columns 4, 8, and 13 calculated per 1,000 of estimated population.

NOTE.—The deaths to be included in Column 7 of this table are the whole of those registered during the year as having actually occurred within the district or division. The deaths to be included in Column 12 are the number in column 7, corrected by the substraction of the number in Column 10 and the addition of the number in Column 11.

By the terms "Non-residents" is meant persons brought into the district on account of sickness or infirmity, and dying in public institutions there; and by the term "Residents" is meant persons who have been taken out of the district on account of sickness or infirmity, and have died in public institutions elsewhere.

The "Public institutions" to be taken into account for the purposes of these tables are those into which persons are habitually received on account of sickness or infirmity, such as hospitals, workhouses, and lunatic asylums. A list of the institutions in respect of the deaths in which corrections have been made should be given on the back of this Table.

Area of District in acres (exclusive of area covered by water).	421	Total population at all ages:—26,677 Number of inhabited houses:—5,523 Average number of persons per house:—4·8	At Census of 1901

TABLE II. of the Local Government Board is omitted as the population of the various Wards was not accurately known prior to 1901.

TABLE III.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1903.

Name of District: MOSS SIDE URBAN DISTRICT.

Notifiable Disease	Cases Notified in Whole District							Total Cases Notified in each locality				No. of Cases Removed to Hospital from each locality			
	At all Ages	At Ages—Years													
		Under 1	1 to 5	5 to 15	15 to 25	25 to 65	65 and upwards	North Ward	East Ward	Claremont Ward	Whalley Range Ward	North Ward	East Ward	Claremont Ward	Whalley Range Ward
Small-pox	7	1	...	1	1	4	...	...	4	3	...	...	4	3	...
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	43	1	10	20	5	7	...	5	25	11	2	1	13	3	...
Membranous croup	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	7	...	2	1	1	3	...	...	3	1	3	...	...	...	...
Scarlet fever	131	1	37	81	6	6	...	32	65	23	11	22	42	13	4
Typhus fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric fever	14	...	1	...	4	8	1	2	3	6	3	1	1	1	2
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Continued fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal fever	1	...	...	...	...	1	...	...	...	1	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	203	3	50	103	17	29	1	39	100	45	19	24	60	20	6

Isolation Hospital: MONSALL FEVER HOSPITAL (Manchester);
and BAGULEY SANATORIUM (Withington).

TABLE IV.

CAUSES OF, AND AGES AT, DEATH DURING YEAR 1903.

Name of District: MOSS SIDE URBAN DISTRICT.

Causes of Death	Deaths in or belonging to Whole District at subjoined Ages							Deaths in or belonging to Localities (at All Ages)			
	All ages	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 65	65 and upwards	North Ward	East Ward	Claremont Ward	Whalley Range Ward
Small-pox	...	...	...	...	...	...	...	...	...	...	...
Measles	1	...	1	...	...	...	...	1	...	...	...
Scarlet fever	6	...	4	2	...	...	...	3	1	2	...
Whooping cough	10	4	6	...	...	...	...	...	9	...	1
Diphtheria and membranous croup	10	...	3	6	...	1	...	1	5	3	1
Croup	...	...	...	...	...	...	...	...	...	...	...
Fever: Typhus	...	...	...	...	...	...	...	...	...	...	...
Fever: Enteric	4	...	...	...	1	2	1	1	1	2	...
Fever: Other continued	...	...	...	...	...	...	...	...	...	...	...
Epidemic influenza	5	...	...	1	...	2	3	2	1	1	1
Cholera	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...
Diarrhœa	7	5	1	1	...	...	...	...	5	2	...
Enteritis	6	5	...	1	...	...	...	1	2	2	1
Puerperal fever	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	2	...	...	...	...	2	...	1	...	...	1
Other septic diseases	4	1	1	...	1	1	...	1	...	3	...
Phthisis	32	2	1	1	6	21	1	9	10	7	7
Other tubercular diseases	16	5	5	4	2	...	...	7	7	2	...
Cancer, malignant disease	24	...	...	...	...	15	9	3	8	7	6
Bronchitis	26	2	1	...	...	6	17	7	6	8	5
Pneumonia	34	6	5	1	2	14	7	4	12	13	5
Pleurisy	...	...	...	...	...	...	...	...	...	...	...
Other diseases of Respiratory organs	4	1	...	...	...	1	2	...	1	...	3
Alcoholism Cirrhosis of liver	7	...	...	...	...	6	1	...	4	3	...
Venereal diseases	...	...	...	...	...	...	...	...	...	...	...
Premature Birth	8	8	...	...	...	...	...	1	4	2	1
Diseases and accidents of parturition	4	1	...	...	1	2	...	1	2	1	...
Heart diseases	44	2	...	2	2	17	21	10	15	11	8
Accidents	2	1	1	...	1	...	1	...	2	...	...
Suicides	3	...	...	..	...	3	...	2	...	1	...
All other causes	128	28	9	2	4	43	42	32	49	25	24
All causes	387	70	37	19	18	138	105	86	142	95	64

TABLE C.

County of Lancaster.

SUMMARY OF MEDICAL OFFICER'S REPORT FOR 1903.

Urban Sanitary District of Moss Side.

Area in Statute Acres: 421.
Population (Census) 1901: 26,677.
Population (Estimated) 1903: 27,316.
Name of Medical Officer of Health: S. Holgate Owen, M.D. Salary: £100

Births registered—Male: 278; Female: 284—Total: 562.
Deaths registered—Male: 191; Female: 196—Total: 387.

Birth Rate	20·5
Death Rate	14·1
Rate of Infant Deaths, under one year, to 1,000 Births ..	124·5
Death Rate from the *seven principal Zymotic Diseases per 1,000 of population	1·39
Diseases prevalent?	Scarlet Fever.
Period?	January, February, March, April.
What action taken?	Schools visited and special instructions given.
Any Schools Closed?	No.
If so, for what Disease?	
What is the character of the Hospital Accommodation? ..	Baguley Sanatorium, Withington.
Is it Joint or otherwise?	By subscription and by joint interest.
No. of Beds available for the District?	Unlimited.
Number of Cases treated?	Scarlet Fever 80: Diphtheria 18: Enteric Fever 5; Small-pox 7. } Total 110.
Deaths in Hospital?	6.
From what causes?	Diphtheria 4: Scarlet Fever 2.
How is disinfection carried out?	Houses: Fumigation, Walls Stripped, Walls and Ceilings washed with disinfectant. Clothing, Bedding, &c.: Stoved.
Apparatus used?	Steam Disinfector.
Number of Cases of Infectious Diseases Notified? ..	203.
Are any Diseases not specifically mentioned in the Act notifiable (for instance, Measles, Whooping Cough, Diarrhœa, &c.)? If so, what are they?	No.
Has any arrangement been made for the "voluntary" notification of Phthisis?	Yes.
Has any action been taken under "The Housing of the Working Classes Act, 1890"?	No

* Smallpox; Scarlet Fever; Diphtheria and Membranous Croup; Fever—Typhus, Typhoid, and Continued; Measles; Whooping Cough and Diarrhœa.

SUMMARY—CONTINUED.

How many houses, condemned as unfit for human habitation, and how many closed or demolished? ..	None.
From where is the Water Supply obtained, and what is its condition?	Manchester Corporation. Very good.
Is it subject to your Inspection?	Yes.
Is scavenging carried out satisfactorily?	Yes.
By Sanitary Authority or Contract?	By Sanitary Authority—own horses, carts and men.
How is the Refuse disposed of?	Sweepings, in Tips and Farms: fœcal matter to Farms: other refuse, by burning in a 6-cell Destructor.
What is the character of Drainage and the form of Sewage Disposal?	Sewage Disposal by Irrigation and Precipitation.
Canal Boats	None.
What is the condition of the Bakehouses?	Satisfactory.
Any action taken with regard to underground Bakehouses?	Yes: all abolished except five which are being reconstructed in accordance with New Regulations adopted by the Council.
Slaughter Houses?	Public Abattoir. No Private Slaughter Houses.
Lodging Houses? Are they registered?	No Common Lodging Houses.
Dairies, Cowsheds, and Milkshops	Three Cowsheds, and 79 Milkshops and Dairies.
Are they periodically inspected?	Yes, and Circulars as to cleanliness distributed.
What is their condition?	Generally very satisfactory.
Are they subject to Regulations made under the order of the Local Government Board?	Yes.
What amount of air-space in cubic feet is required for each Cow?	From 800 to 1,000 cubic feet.
Have the Factories and Workshops been inspected, and with what result?	Yes: Seven Notices served, and all complied with.
Food unfit for Human Consumption—amount seized? ..	One piece of fish (1 lb.) seized and destroyed.
Any Special Report of Medical Officer of Health during the year?	Yes: re Upper Lloyd Street Board School. Copies forwarded April 21st.
Department of Inspectors of Nuisances—	
No. of Notices served	295, also 267 letters, and 80 letters distributed re Cleansing, &c.
No. of Nuisances remedied	All Nuisances remedied.
No. of Legal Proceedings taken and result	None.
Smoke—	
No. of Observations	Taken Weekly, 50, also special observations.
No of Legal Proceedings taken and result	None.
What is the time limit allowed for the emission of black smoke per hour	No limit assigned. No Mills. Dense black smoke, if over three minutes in any half-hour, reported upon specially.
Has the authority adopted—	
(*a*) "The Infectious Disease (Prevention) Act, 1890"?..	Yes.
(*b*) "The Public Health Acts Amendment Act, 1890"?..	Yes.